

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-879)

SERIAL NO.

**09/980039**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			3				TOTAL IND.			
TOTAL DER.			21				TOTAL DER.			
TOTAL CLAIMS			24				TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS